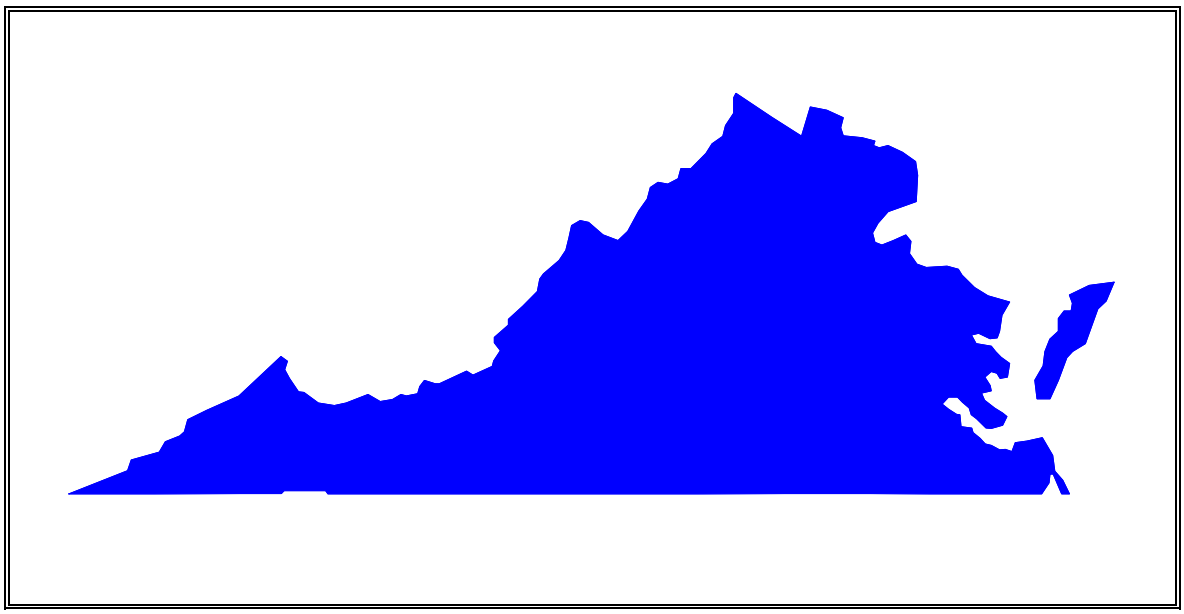
Virginia Department of Medical Assistance Services

Companion Guide

For 277 Claim Status Unsolicited Response Transaction

Version 1.4 Updated 04/01/2008



ASC X12N 277
VERSION 004010

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VERSION CHANGE SUMMARY

VERSION NO.	DESCRIPTION	DATE
Version 1.0 – 1.1	- Original Implementation	08/07/03
Version 1.2	- **NPI modifications** Added Special Notes #3, & 4 Modified comments (page reference **139**) Loop 2100B – NM108 Receiver Identification Code Qualifier Modified comments (page reference **140**) Loop 2100B – NM109 Receiver Identification Code Modified comments (page reference **144**) Loop 2100C – NM108 Provider Identification Code Qualifier Modified comments (page reference **145**) Loop 2100C – NM109 Provider Identification Code	12/01/06
Version 1.3 – Changed for Contingency Dual Use Period.		06/06/2007
Version 1.4	- Changed for NPI Compliance Date Removed highlighting from previous version Deleted Special Note #3. Modified Special Note #4, which was renumbered to #3. Modified comments (page reference **139**) Loop 2100B – NM108 Receiver Identification Code Qualifier Modified comments (page reference **140**) Loop 2100B – NM109 Receiver Identification Code Modified comments (page reference **144**) Loop 2100C – NM108 Provider Identification Code Qualifier Modified comments (page reference **145**) Loop 2100C – NM109 Provider Identification Code	04/01/2008

INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim status request and response transactions.
The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available. Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

PURPOSE

Provide status information for pended claims.

SPECIAL NOTES

1. Unsolicited 277 Claim Status transactions are sent weekly along with the 835 Remittance transactions, to provide status information for pended claims. These pended claims are not reported on the 835 Remittance transactions.

2. This Transaction is not a HIPAA required transaction. DMAS has chosen to use an EDI solution for reporting pended claims to accompany the 835 RA. DMAS has chosen not to use the X12 Unsolicited 277 at this time since it has an earlier version from the HIPAA compliant transactions. To limit programming efforts, a 277 response transaction format used with only the GS and BHT segments modified to distinguish this from a 277 Response Transaction version 4010 to a 276 Inquiry transaction.

3. Only the NPI or API will be transmitted on the 277 Claim Status Unsolicited Response Transaction. Claims that were pended using either the NPI or API will be identified on the 277U transaction using that NPI or API. Claims that were pended using a legacy Medicaid ID will not be returned on the 277U transaction. Instead, they will be reported via paper Remittance Advice.

277 Unsolicited Claims Status Response

Page	Loop	Segment	Data Element	Comments
B.4	N/A	ISA	ISA01 – Authorization Information Qualifier	"00" - No Authorization Information Present.
B.4	N/A	ISA	ISA03 – Security Information Qualifier	"00" - No Security Information Present.
B.4	N/A	ISA	ISA05 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
B.4	N/A	ISA	ISA06 – Interchange Sender ID	"VMAP FHSC FA".
B.4	N/A	ISA	ISA07 – Interchange ID Qualifier	"ZZ" - Mutually Defined.
B.4	N/A	ISA	ISA14 – Acknowledgment Requested	"0" – No Acknowledgement Requested.
B.8	N/A	GS	GS02 – Application Sender's Code	"VMAP FHSC FA".
B.8	N/A	GS	GS03 – Application Receiver's Code	4-character service center ID assigned by Virginia Medicaid
B.9	N/A	GS	GS08	"004010P" – This value distinguishes an Unsolicited Response from a Requested Response which, instead, contains "004010X93A1".
126	N/A	BHT	BHT03 – Reference Identification	"277X093A1"
126	N/A	BHT	BHT06 – Transaction Type Code	"NO" – Status of pended claims. This value also distinguishes an Unsolicited Response from a Requested Response which, instead, contains "DG".
131	2100A	NM1	NM103 - Payer Organization Name	"Va Dept of Medical Asst Services". Required until the National Health Plan ID is active.
131	2100A	NM1	NM108 - Payer Identification Code Qualifier	"FI"
132	2100A	NM1	NM109 - Payer Identification Code	"546166277".
133	2100A	PER		Payer Contact Information is not used by Virginia Medicaid. It is used to distinguish different contact points if the payer has multiple systems.
139	2100B	NM1	NM108 – Receiver Identification Code Qualifier	"46" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.

140	2100B	NM1	NM109 – Receiver Identification Code	Only Atypical Provider IDs or NPIs are returned on the 277U.
144	2100C	NM1	NM108 - Provider Identification Code Qualifier	"SV" – for Atypical Provider ID assigned by Virginia Medicaid. "XX" – for NPI.
145	2100C	NM1	NM109 - Provider Identification Code	Only Atypical Provider IDs or NPIs are returned on the 277U.

Page	Loop	Segment	Data Element	Comments
148	2000D	DMG	DMG – Demographic Information	This segment is required for Virginia Medicaid because the subscriber is the patient.
150	2100D	NM1	NM101 - Subscriber Identification Code	"QC". The patient is always the subscriber for Virginia Medicaid.
151	2100D	NM1	NM102 - Subscriber Type Qualifier	"1" Person.
151	2100D	NM1	NM108 - Subscriber Identification Code Qualifier	"MI" Member-ID Number.
152	2100D	NM1	NM109 - Subscriber Identifier	The patient's 12-character enrollee ID number assigned by Virginia Medicaid.
153	2200D	TRN	TRN01 – Trace Code Type	This segment is required for Virginia Medicaid because the subscriber is the patient.
153	2200D	TRN	TRN02 - Reference Identification	The provider's claim number, such as Patient Account Number or Prescription Number.
165	2200D	REF	REF01 – Reference Identification Qualifier	"1K" Payer Claim Number
166	2200D	REF	REF02 – Reference Identification	The 16-character Virginia Medicaid assigned claim number - ICN.
Adden-da p.14	2200D	REF	REF01 – Reference Identification Qualifier	The "LU" Ref segment is not used by Virginia Medicaid. It is intended to show the group the patient belongs to.
171	2200D	DTP	DTP01 – Date/Time Qualifier	This segment is required for Virginia Medicaid because the subscriber is the patient.
190 - 234	All Loops	All Segments	All data elements	None of the loops/segments for Dependent are needed for Virginia Medicaid because the subscriber is the patient.